

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-975)							SERIAL NO.	FILING DATE					
							APPLICANT(S) 10/089273						
CLAIMS													
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1								51					
2								52					
3								53					
4								54					
5								55					
6								56					
7								57					
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42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS				TOTAL IND.		TOTAL DEP.			
5		0		5				5		0			

PTO-1345 (2-75)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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